I CANNOT WALK AS THE FUNGUS RUNS AMOK- A CASE OF MYCOTIC ENDOCARDITIS

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INTRODUCTION
Candida endocarditis is one of the most serious manifestations of candidiasis. It is the most common cause of fungal endocarditis. We describe a case of candidial endocarditis that highlights the extensive range of complications and underscores the high mortality associated with this infection.

CASE REPORT
A 46 year old incarcerated man with a history of intravenous drug use presented with sudden onset weakness in both lower extremities and pain in the genital area of 2 hours duration. Physical examination at presentation was significant for LMN pattern of weakness in both lower extremities. Initial laboratory data revealed a normocytic anemia with a normal WBC count with 12% bandemia. The patient was found to be HIV positive with a CD4 count of 68/mm³. His hospital course was complicated with development of a new diastolic murmur accompanied by acute pulmonary edema. Transthoracic and transesophageal echocardiogram confirmed the presence of a 1.2 cm aortic vegetation with severe aortic insufficiency.

_Candida albicans_ grew from his blood cultures. Over the ensuing weeks, the patient developed a complete spectrum of devastating complications from aortic valve candidial endocarditis including refractory heart failure, right renal infarction, mycotic aneurysm of the abdominal aorta as well as a satellite vegetation at the origin of left common iliac artery. Despite aggressive antifungal therapy, the patient continued to deteriorate and suffered a massive ischemic CVA in the right MCA territory that precluded any plans of a surgical valve replacement. The patient eventually succumbed to his illness. Autopsy confirmed the presence of candidial endocarditis with multiple metastatic and embolic complications.

DISCUSSION
_Candida_ species represent the most common fungal pathogens that affect humans. Systemic candidiasis causes more case fatalities than any other systemic mycosis. Candida endocarditis is one of the most serious manifestations of candidiasis. Specific risk factors in adults include prosthetic heart valves / valvular disease, intravenous drug use, indwelling central venous catheters, as well as health care-associated infections. Fever, changing murmurs and the presence of peripheral emboli are the most common signs.

Arterial embolization is more common in fungal endocarditis than in bacterial endocarditis. This is likely a reflection of the larger size of the vegetations associated with fungal endocarditis. Although transthoracic echocardiography can reveal vegetations, transesophageal echo-cardiography is more sensitive and especially useful in patients with prosthetic valve endocarditis. A combined approach that utilizes both antifungal agents and valve replacement rather than antifungal therapy alone is recommended. Overall survival in patients with fungal endocarditis remains exceedingly poor at approximately 30%. This underscores the continued need for development of newer therapeutic modalities.